

SCHOOL HEALTH SERVICES PRACTICE

STATEMENT OF PURPOSE:

School health services strengthen and facilitate the educational process by improving and protecting the health status of students and school personnel.

AUTHORIZATION/LEGAL REFERENCE:

16 V.S.A. Chapter 3 § 165 -Standards of quality for public schools

16 V.S.A. Chapter 31 § 1422 - Vision and hearing tests

<http://www.leg.state.vt.us/statutes/chapters.cfm?Title=16>

18 V.S.A. Chapter 21 § 1001-Reporting communicable diseases

18 V.S.A. Chapter 21 § 1121 - Immunizations required prior to attending school

<http://www.leg.state.vt.us/statutes/sections.cfm?Title=18&Chapter=021>

33 V.S.A. Chapter 49 -Child welfare services

<http://www.leg.state.vt.us/statutes/sections.cfm?Title=33&Chapter=049>

Vermont School Quality Standards, Rules 2120.8.1.3.3

http://education.vermont.gov/new/html/board/rules_fulltoc.html

Vermont State Board of Nursing Position Statements;

Continuing Education for Nurses

Nurses Functioning in Positions Other Than for Which They Are Licensed

http://vtprofessionals.org/opr1/nurses/position_statements.asp

REQUIRED SCHOOL NURSE/ASSOCIATE SCHOOL NURSE ROLES:

Perform vision and hearing screenings as mandated by law.

Evaluate immunization records for school entry and attendance requirements and facilitate the compliance of students with state immunization requirements.

Function as a member of the child abuse/neglect reporting team.

Report communicable diseases as required.

Oversee and practice health services in accordance with state law and school policy and protocols.

Administer medication according to the standards of practice (See Medication Section 22).

Maintain current nursing license; school nurse/associated school nurse licensure from the Department of Education and Board of Nursing

Vermont Standards of Practice; School Health Services



VERMONT

DEPARTMENT OF EDUCATION
DEPARTMENT OF HEALTH

Collect updated emergency and health information on students annually and maintain health records.

Each school within the Supervisory Union/School District will complete and submit all information requested for the VDH School Nurse Report by grade and school building, due January 1.

Collect of the following health information: date of last well child exam, date of last dental hygiene exam, health insurance (not what kind but insured or not), Immunization compliance, numbers of students with asthma and with current asthma action plans .

SUGGESTED SCHOOL NURSE ROLES:

Act as a case manager for 504 students with health needs.

Coordinate, develop and chair a Coordinated School Health Team as defined by CDC.

Serve as a resource to teachers and administrators in health education and as a member of the health curriculum committee

Coordinate the development of school policies related to health concerns.

Prepare, implement and evaluate individual student health care plans as needed.

Provide protocols, training, supervision and evaluation for delegated activities

Educate the school community about chronic and communicable diseases.

Collaborate with local health care providers and local health agencies.

Participate on the school crisis response team.

Engage in evaluation of health services in collaboration with administration

Collaborate in promotion of staff wellness activities.

Pursue professional development opportunities.

Assess, plan , implement and evaluate the health needs of students and the school environment.

Provide health education information to students and staff.

RESOURCES:

CDC coordinated School health Program - <http://www.cdc.gov/HealthyYouth/CSHP/>

Vermont Department of Education; Educator Licensing and Endorsements;
http://education.vermont.gov/new/html/licensing/regulations_endorsements.html

National Association of School Nurses - <http://www.nasn.org/>

Vermont Department of Health - <http://healthvermont.gov/local/school/index.aspx>

Vermont State Board of Nursing - <http://vtprofessionals.org/opr1/nurses/>

Vermont State School Nurses' Association (VSSNA) - <http://www.vssna.org/>

SAMPLE POLICIES, PROCEDURES AND FORMS:

Guidelines for Establishing Safe School Nurse-to-Student Population Ratios

Role of the School Nurse NASN 2002 <http://www.nasn.org/Default.aspx?tabid=279>

The Role of the School Nurse in providing School Health Services. American Academy of Pediatrics, 2001
<http://aappolicy.aappublications.org/cgi/reprint/pediatrics;108/5/1231.pdf>

Guidelines for Establishing Safe School Nurse to Student Population Ratios

These guidelines apply to student populations in one building. Students with special needs often require a great deal of the school nurses time to asses, plan, implement and evaluate their care. Student population numbers listed below need to reflect this by accommodating for the intensity level of the special needs students in a given population. Students who fit “at risk” category (see definition following page) need to be counted as 3 students. Students who are moderately physically or emotionally challenged should be counted as 10 students (KNSO 1994). Students with severe complicated medical, physical or mental challenges should be counted as 20.

Components of School Nursing	School Nurse to Student Ratio One full Time Equivalent/Number of Students (general population without many special needs students)			
	1 FTE/350 and below Comprehensive School Health services	1 FTE/500 students Core School Health services	1 FTE/750b students Minimum School health Services	1 FTE/800 and above inadequate School Health Services
1. First Aid and Emergency Care	YES	YES	YES	YES
2. Child Abuse and Neglect	YES	YES	YES- LIMITED FOLLOW UP	LIMITED
3. Communicable Disease Control	YES	YES	LIMITED	VERY LIMITED
4. Health Screening	YES- WITH FOLLOW UP	YES – LIMITED FOLLOW UP	LIMITED	VERY LIMITED
5. Health Counseling	YES	YES	LIMITED	VERY LIMITED
6. Health Appraisal	YES	YES	LIMITED	VERY LIMITED TO NONE
7. Medication Administration	YES	YES	YES	YES
8. Consultation, Planning and Implementation of Care for Special Needs Students	YES	LIMITED	VERY LIMITED	VERY LIMITED TO NONE
9. Substance Abuse Intervention	YES	YES	LIMITED	VERY LIMITED
10. health Education Resource/Provider	YES – PROVIDER – CLASSROOM PARTICIPATION POSSIBLE	YES – RESOURCE- LIMITED CLASSROOM PARTICIPATION	LIMITED – RESOURCE ONLY	VERY LIMITED
11. School Personnel Health Services	YES	LIMITED	VERY LIMITED	VERY LIMITED TO NONE
12. Safety School Environment	YES	LIMITED	VERY LIMITED	VERY LIMITED TO NONE

Additional factors to consider when establishing safe school nurse to student population ratios;

1. **The number of buildings the nurse covers;** the travel time and the fact that the nurse is not always present to carry out such things as first aid and medication administration limits coverage that she/he can provide. For example, the minimum school health services ratio of 1:750 needs to be lowered to 1:500 in a maximum of 5 buildings, each of which is accessible within 30 minutes.
2. **The staffing patterns;** the use of unlicensed and licensed personnel such as administrative assistants and LPN's to cover the health office in the nurses absence or to augment health services. The delegation of nursing tasks to these persons requires training, supervision and evaluation by the school nurse. Adequate time must be available for these functions.
3. **The amount of time and responsibility the nurse takes for health education;** coordination, planning and lesson preparation can require large amounts of time away from other school nursing tasks. The more the nurse is involved with health education the lower the ratios must be to allow for proper follow through in the area of health services.

At risk students may be characterized as any one or more of the following indicators:

- High rate of absenteeism (10 or more days)
- Failure to achieve grade level standards
- Failure in 2 or more subjects of courses of study
- Behind in credits to graduate
- Retention at grade level
- Pregnancy and/or parenthood
- Repeated disciplinary infraction
- Member of household at or below poverty level based on free and reduced lunch program
- Limited English proficiency
- Identified victim of physical, sexual, or emotional abuse and/or neglect
- Health and/or substance abuse problems
- Attempted suicide
- Medically fragile or special health needs
- Has I.E.P or 504 plan

Adopted by The School Nurse Advisory Board to the Vermont Department of Education and the Vermont State School Nurse Association, 1998

American Nurses Association (1993) Standards of School Nursing Practice, pp. 18-19. Kansa City, MO:
American Nurses Publishing

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Fryer, G., Igoe,J., (1995) A Relationship Between Availability of School Nurses and Child Well-being, Journal
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Population Acuity, pp. 2. Kansas School Nurse Publishing